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Angina Poetry

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good

Angina patients

Paper March 12<sup>th</sup> 1824

W. E. H.

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W. M. L. S.

H. L.  
and

An Inaugural Dissertation,  
Submitted to the  
Faculty  
of the  
University of Pennsylvania;  
for the Degree of  
Doctor of Medicine;  
by,  
Philip G. Randolph  
<sup>f</sup>  
Virginia. -  
1823.

zurückgekauft werden.

zu einem kleinen  
Platz.

mindestens 5 Minuten

die zweite Stunde

mindestens 5 Minuten

abstand d. Spind.

mindestens

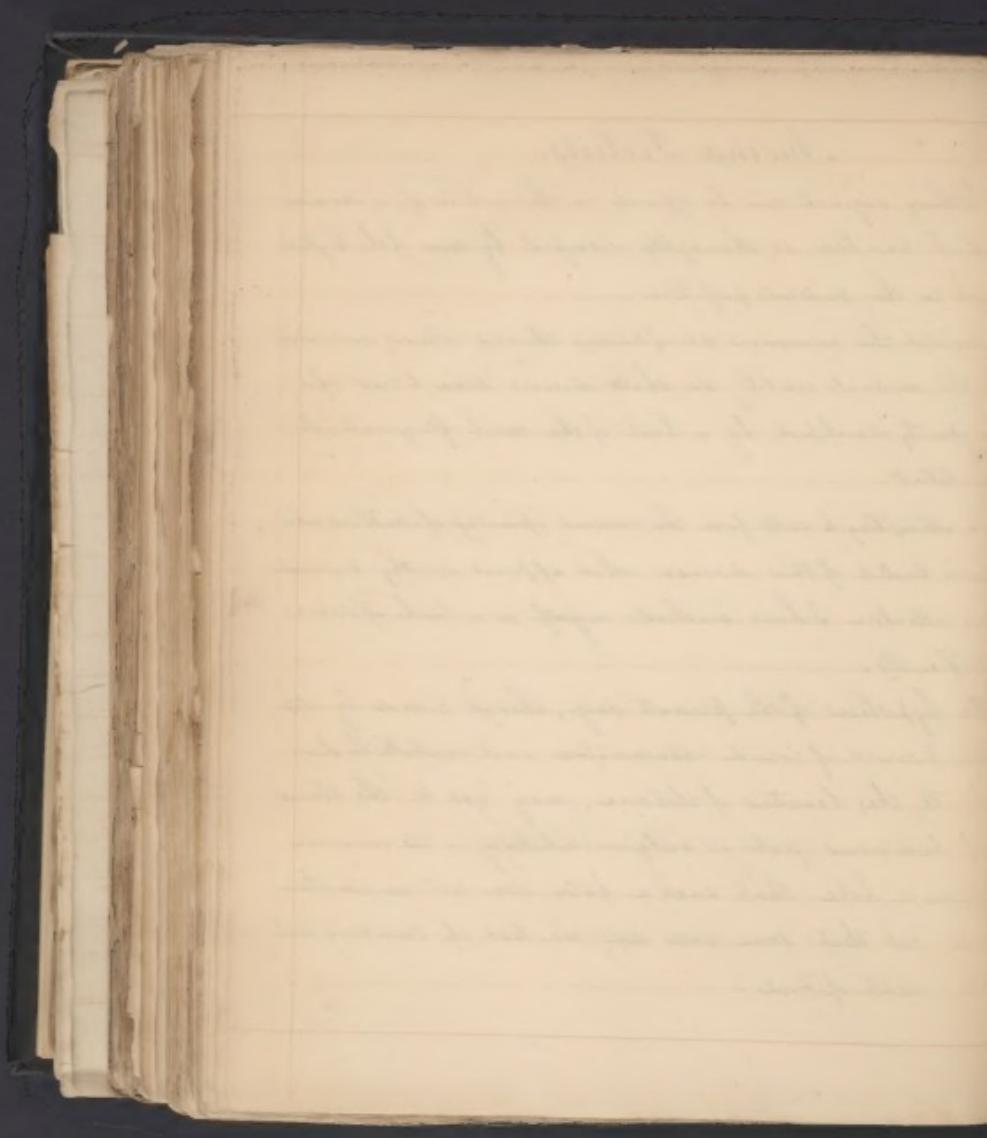
## *Angina Pectoris.*

Nothing original can be offered on the nature of a disease which has been so thoroughly discussed by men of the highest rank in the medical profession.

Amidst the numerous & conflicting theories already announced to the medical world we shall discern some traces of ingenuity enveloped by a host of the most flagrant absurdities.

In attempting to cull from the various opinions of authors who have treated of this disease, what appears worthy to arrest our attention I have involved myself in a task of some difficulty.

The hypotheses of the present day, though aided by all the powers of sound ratiocination and embellished by all the beauties of rhetoric, may yet be the theme of ludicrous jest or vulgar ribaldry. We may indulge a hope that such a fate does not await them all; but that some will defy the test of scrutiny and the ordeal of time.



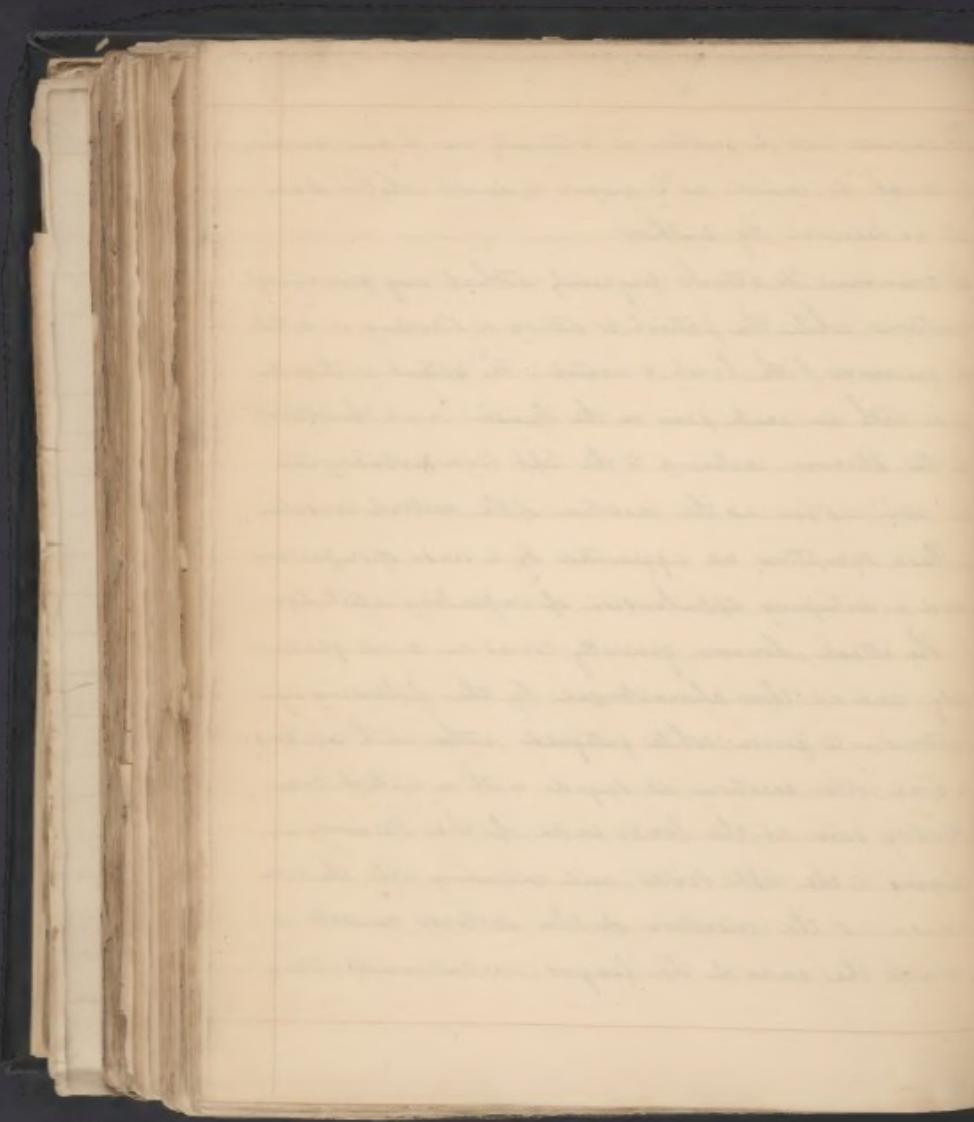
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The disease now in question is fortunately one of rare occurrence,  
so much so, indeed as to admit a doubt whether it ever  
exists as described by authors.

It commences its attack frequently without any pulmonary  
symptoms, while the patient is sitting or standing in a state  
of quiescence both bodily & mental. The patient is then se-  
ized with an acute pain in the breast, or at the extremity  
of the sternum inclining to the left side extending into  
the arm as far as the insertion of the deltoid muscle.

These symptoms are aggravated by a sense of suffocation  
and a distressing apprehension of impending deposition.

The attack, however, generally comes on more gradu-  
ally, and is then characterised by the following sys-  
toms.—A person while fatigued either with walking  
or some other exertion, is seized with a violent con-  
strictory pain at the lower ends of the sternum in-  
clining to the left side, and extending into the arm  
as far as the insertion of the deltoid muscle; or  
even to the ends of the fingers, accompanied with a

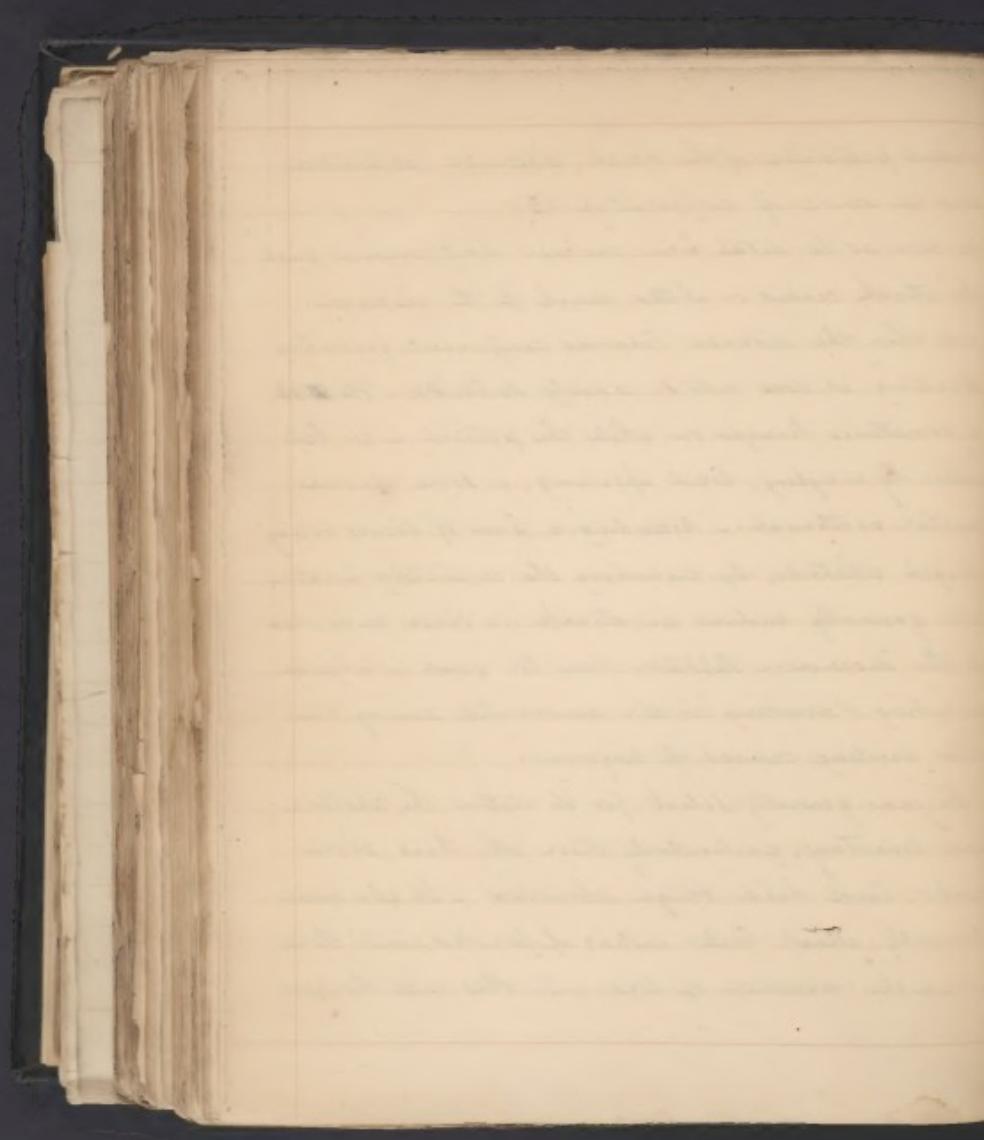


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violent palpitation of the heart, difficult respiration,  
and a sense of suffocation &c.

As soon as he recovers from exercise and remains quiet  
the attack ceases or abates much of its violence:  
but when the disease becomes confirmed from long  
standing it does not so readily subside. This attack  
is sometimes brought on while the patient is in bed,  
either by coughing, loud speaking, or some undue  
mental excitement. — Ascending a pair of stairs or any  
height whatever, by disturbing the respiratory function  
will generally induce an attack in those predisposed  
to the disease. — Repletion from too great indulgence  
in eating & drinking is also enumerated among the  
other exciting causes of Angina.

Angina generally selects for its victim the plethoric  
and sedentary, particularly those who have short  
necks, large heads, high shoulders. — It also most  
frequently attacks males instead of females, and those  
about the meridian of life. — To this rule however,



there are some exceptions. - In those cases it has attacked persons very debilitated in appearance & temperament, being of a thin, chachetic habit. -

The pathology of this disease is one of the most fruitful themes of controversy in the science of medicine & little advance had been made toward a development of the mystery.

To Dr Heberden we are indebted for the first treatise on the subject, published about sixty years ago. - about the same time many eminent physicians attempted to investigate its nature, which resulted in a belief that it was spasmoderia. To show that their hypothesis was not well founded we may observe that they were unable to designate the part affected. The researches of Dr Parry have led him to a very different conclusion. He thinks in reality it is nothing more than a case of syncope, which Dr Cullen defines *notus cardiac immobilitas vel aliquamduo quiescentia* and as differing from common syncope only in being per-



acted by an unusual degree of pain, and anxiety about  
the future and in being insupton in a state of app-  
arent health by violent muscular exertion. In any kind  
the cause of the disease he traces to an application on  
the coronary arteries of the heart. - He says 'I use  
his own words, the rigidity of the coronary arteries thus  
induced now act proportionately to the caliber of the  
specification' as a mechanical impediment to the  
motion of the heart - and though a quantity of blood  
may circulate through these arteries sufficient to  
nourish the heart, as appears in some instances,  
from the size & form of that organ yet there  
may probably be less than what is requisite for  
a ready & vigorous action. - Hence though a boor  
thus diseased may be fit for the purposes of com-  
mon circulation during a state of mental tranquility,  
&c or health otherwise good; yet when  
any unusual exertion is required the powers  
will fail under the new & extraordinary demand.



In accordance with his favorite theory he endeavours to prove that all the symptoms of angina are due to blood retarded and accumulated in the heart & large vessels in its vicinity: and that the causes creating the paroxysm are those which produce this accumulation: either by mechanical pressure or by stimulating in an excessive degree the circulation system in consequence of which the heart weakened by the mal-organisation readily suffers a state of insufficiency while the blood continues to accumulate in the veins.

In opposition to this theory it appears, on the authority of Dr Chapman that post mortem examinations do not always reveal the same diseased appearances of the heart, and in some cases where suffocation has been present angina was not the result. Such variety of morbid appearances are discovered on dissecting those who have died of angina as to invalidate if not entirely to refute the hypothesis



of Dr Parry.

The theory of Dr Parry is supported by the authority  
of Dr Brown who thinks that it is either owing to an  
occlusion of the coronary arteries of the heart or  
to some organic lesion (usually of an ulcers nature),  
existing at the origin of the circulation. —

Another doctrine totally different from those above mentioned  
was advanced by Dr Barlow whose high authority  
gives even his theory a some degree of weight. —  
He considers angina pectoris a species of asthma,  
and from him the disease has derived its name,  
*Asthma dolorosum.*

The apparent analogy existing between these two diseases  
gives plausibility, at least to his theory though  
on a strict examination of the symptoms they are  
found to differ materially. Asthma usually appears  
as a more chronic form, being most frequently  
preceded by symptoms which indicate the nature  
of the impending malady and give time to the physician



ward of its attack, or mitigate its violence -

Dr Horack of New York attributes the disease to a plethora of the blood vessels and more especially a disproportionate accumulation in the vessels of the heart. The opinion of that eminent physician, always entitled to respect is rendered more plausible by the fact that he has fallen victims to the disease. Injections of such vessels have shown the vessels in a state of distension; effusion of water in the thorax; soft accumulations of fat; and sometimes bony deposits in the vessels & valves of the heart.

It is objected to this doctrine by Dr Chophner that a mere plethora of the vessels of the heart were the cause an attack of angina would ensue always as a consequence of such fullness - Plethora however we know does sometimes exist without inducing an attack of angina; instances we have in palpitations which are sometimes attributable to plethora.

Cases of angina are recorded in patients where from the



violent debility & emaciation plagues could not possibly have existed but as an effect of the disease.

In this case it appears that Dr. Hosack has mistaken the effect for the cause - as the last cited case fully proves. -

Dr. Chapman considers Angina Pectoris of an asthmatic character; in support of his opinion he cites several cases which seem obviously to warrant such a conclusion. - A Gentleman of this city was supposed by his physicians to be labouring under an attack of Angina Pectoris. Dr. Chapman being called in administered the volatile alkali internally with other diffusible stimulants, and applied desapismo to the part: in a short time a regular attack of Indigestion was excited: as soon however as the stimulating effects subsided the disease receded to its original seat instantaneously. -

Another case which still more strongly warrants the idea of its asthmatic character is the following



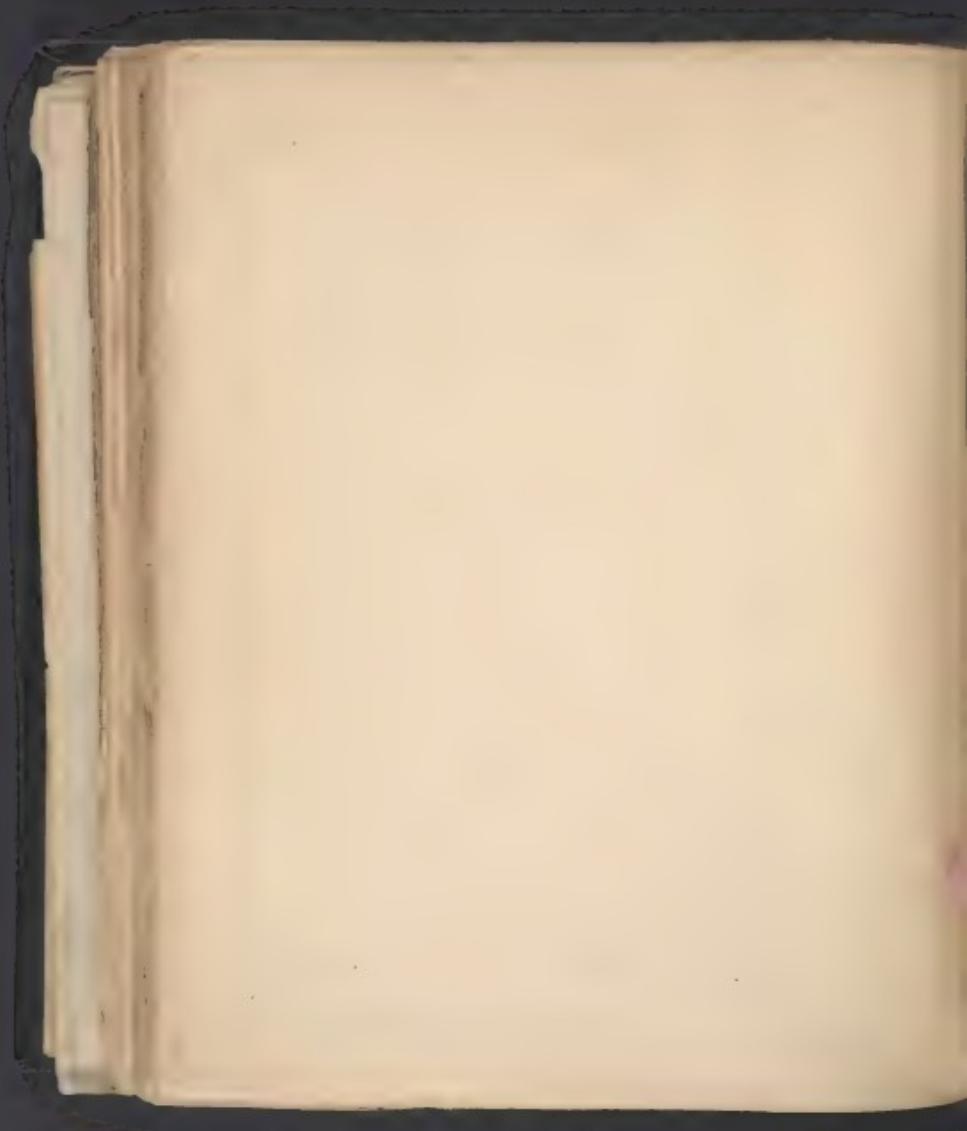
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A lady who had been supposed by Dr Dalton to be affected with angina drank an infusion of red pepper which drove the disease to the teeth, & thus Tabes was in like manner produced. These cases are so conclusive as to preclude the necessity of making further comment. -

Much more might be said in its support, but for the sake of brevity I shall rest satisfied with what has already been adduced. -

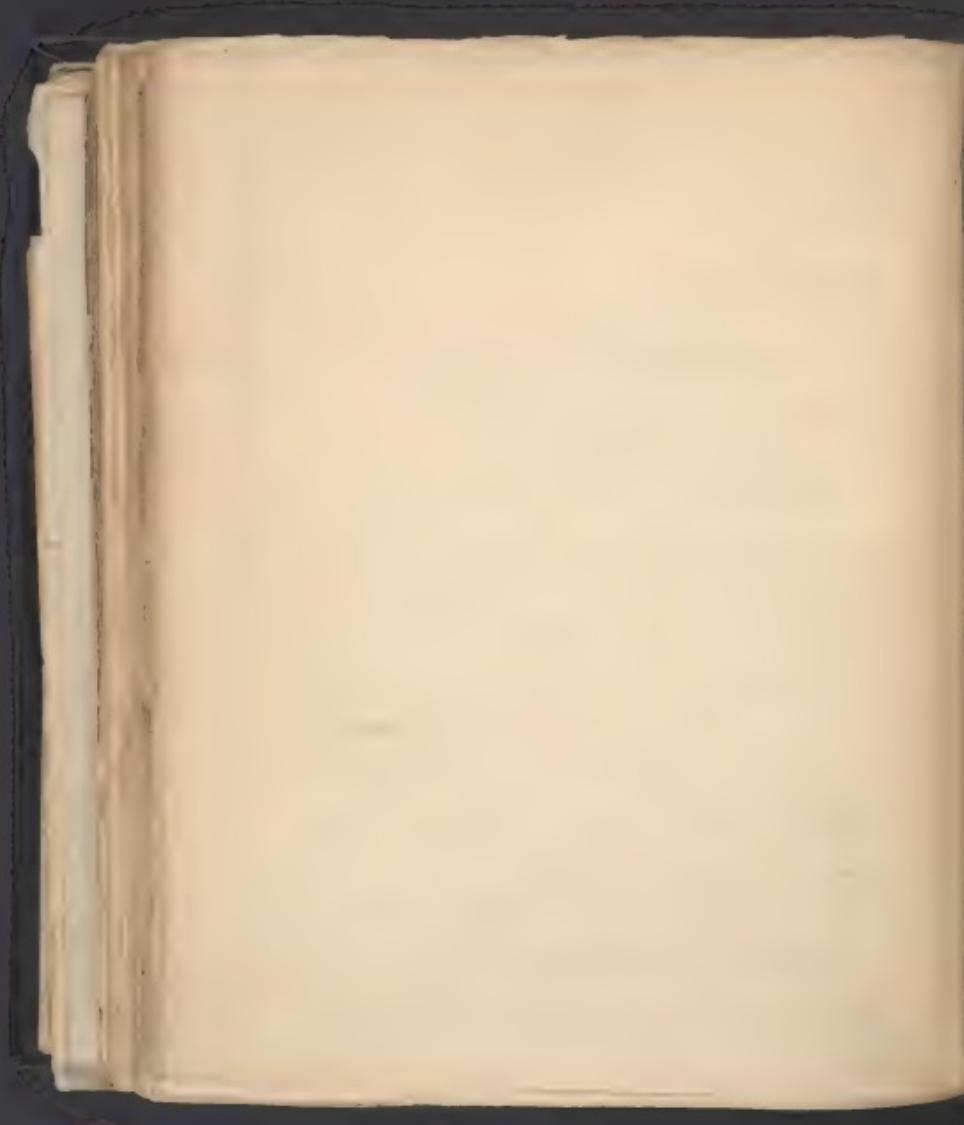
Injections present such a variety of phenomena as to afford no clue for an investigation into this mysterious disease. - Various morbid appearances, as already observed, are sometimes revealed on inspection in this disease: such as opacities, dilatations of the vessels, and depositions of mucus. - Effusions of water are sometimes discovered, & long deposits are frequently found in the valves of the heart. -

With regard to the prognosis of this disease I will only observe that the disease is considered dan-



grows on, according to the violence and frequency of  
the attack & age of the patient. When it really dep-  
ends upon an spasm of the coronary arteries  
or any organic lesion a cure is not to be expected  
but if the patient be young robust & the disease  
gradual in its approach & moderate in its violence,  
without any organic derangement, a cure may  
be reasonably expected. -

The treatment of this disease is as various  
as the different theories with regard to its pathology.  
The supporters of the spasmodic theory deduce  
their practice from what they consider the real  
nature of the disease, rely, almost entirely upon  
the Antispasmodics, such as Ether, Camphor Musk  
& their various combinations, aided by moderate  
secession. Such however is not the adopted  
practice of the present day. - The most approved  
plan of treatment in this country is that taught  
by the Professor of the Theory & practice in the University,



of Pennsylvania. - He divides the practice into that  
which is proper during the paroxysm, & that which  
is to be pursued during the interval.

The patient as soon as attacked should be placed  
in a state of perfect rest. If the symptoms are  
too urgent accompanied by a strong vigorous  
pulse venesection should be resorted to: as  
far as circumstances will admit. The quantity  
of blood to be drawn may vary from fifteen to  
twenty ounces until debility should supervene:  
in that case a smaller quantity will suffice.  
As a general rule the orifice of the vein should  
be closed until some decided effect is pro-  
duced. If we close the orifice after extracting a  
few ounces of blood from an apprehension of the  
exhaustion that may ensue, the remedy will be  
totally ineffectual. Such is frequently the urgency  
of the case that a copious abstraction of blood is  
demanded in haste: in such a case the orifice



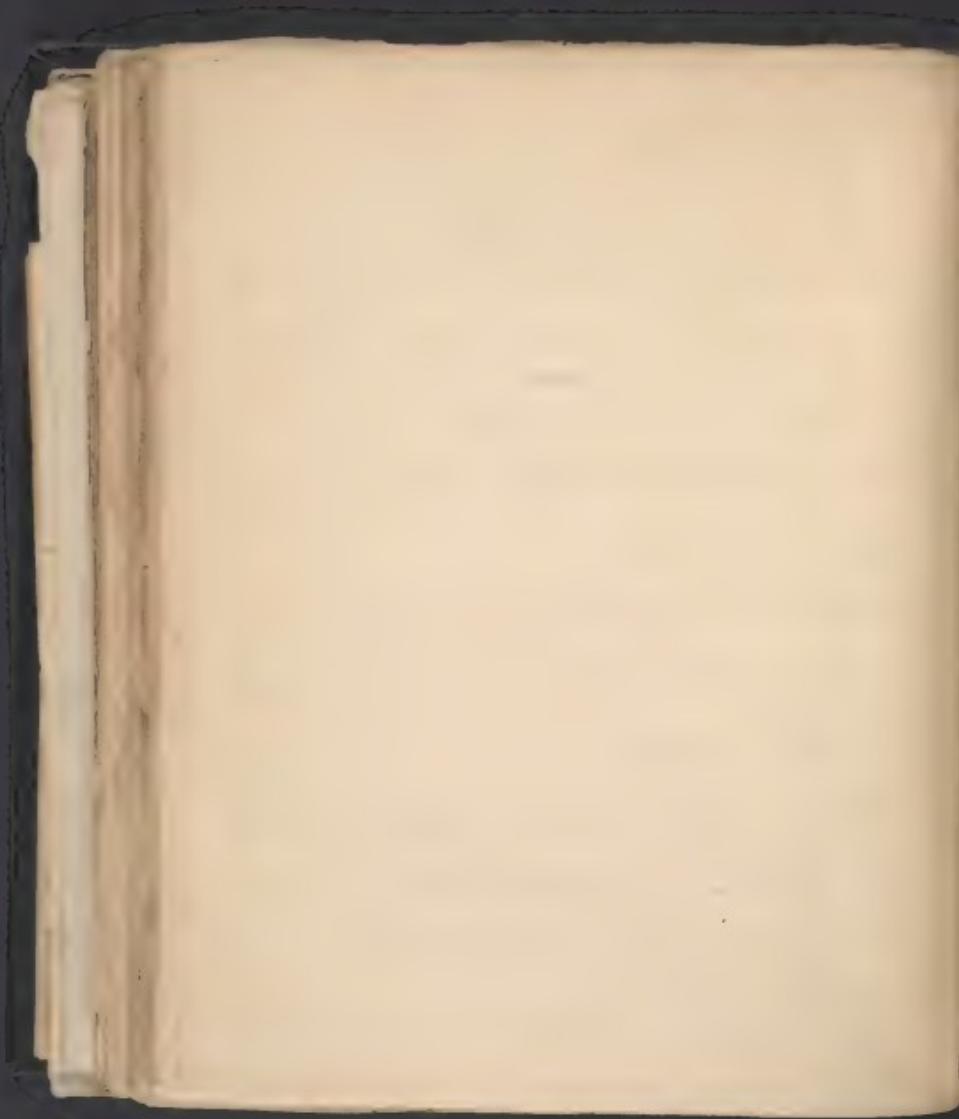
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hould be large enough to admit the passage of a bold stream. General depletion may be counter-irritated or rendered ineffectual. In such a case a local abstraction by cups applied to the Throa may be resorted to with advantage. As auxiliary to the last mentioned remedy the application of a blister to the breast will be found serviceable.

Our attention will be next directed to the stools, which should be freely evacuated by an active purge such as Senna with its usual adjuncts. -

After the disease has abated its violence and abdominal action reduced by previous depletion the anti-haemodys such as laudanum, ether &c may be called into requisition with much advantage.

If called at the very commencement of an attack a large dose of laudanum or ether will frequently afford great relief. but after depletion has been pursued to some extent these remedies will be found less effectual.



The remedies that next present themselves are those proper during the interval between the paroxysms, or those which are used with a view to prevent a recurrence of the attack. - These are either topical or general. The importance of establishing a counter irritation or drain in this disease, seems to have attracted the attention of most medical practitioners. -

Dr. Barnard appears among the first advocates for the practice of employing spines in the cure of this disease. - He recommends their application to the inside of the thigh; large enough to contain two peacock feathers. These however were found objectionable on account of the difficulty in persuading the patients to adopt the remedy.

Cases are recorded where this practice has proved eminently beneficial. - The practice is now nearly obsolete and is now superseded by the use of the tarter-emetic plaster. - The peculiar irritation of the tarter-emetic plaster when applied to the chest, appears

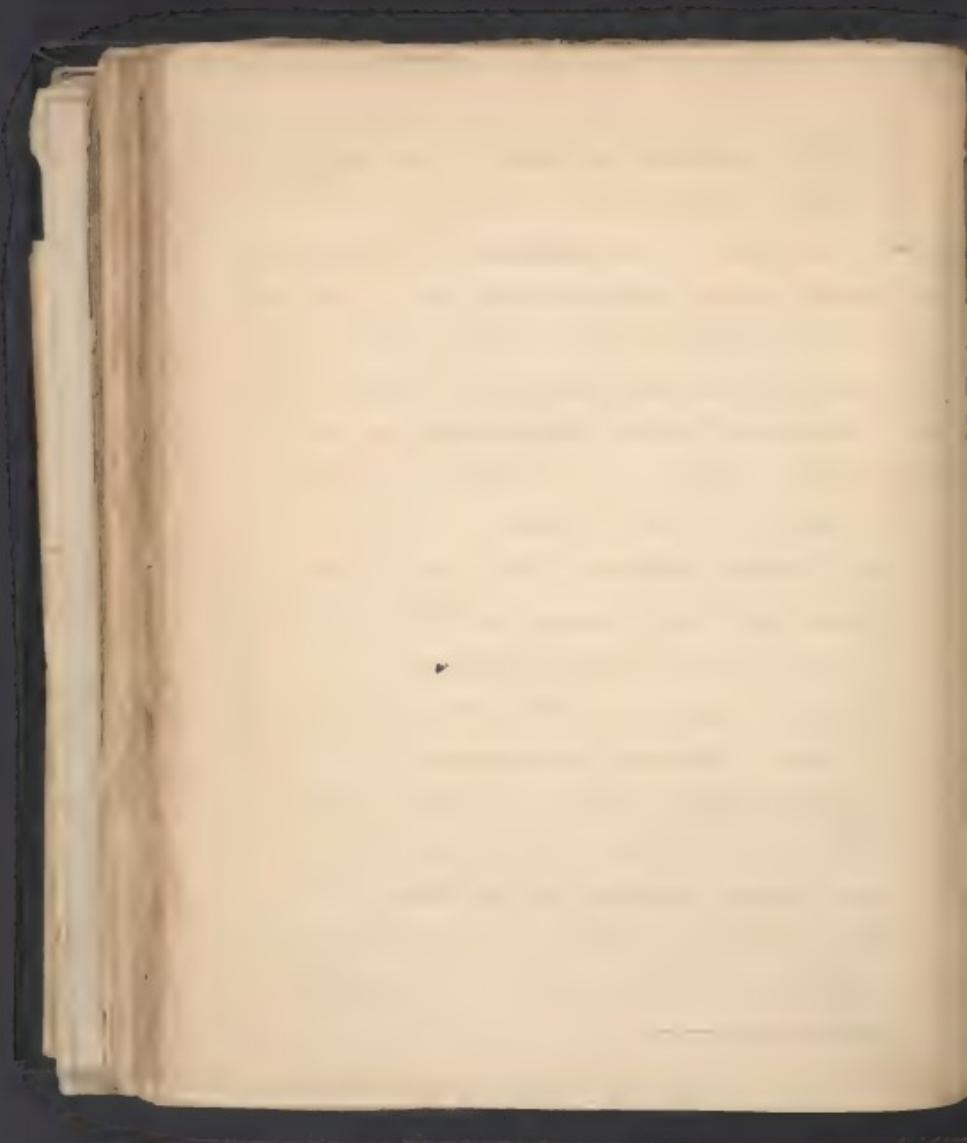


more durable than the old plan of establishing a drain by the application of a perpetual blister to the same part. An irritation of a very peculiar as well as a very noxious nature succeeds the application of the plaster. This eruption proves very difficult of cure and consequently keeps up a more permanent drain. Tartar emetic may be applied either in the form of a plaster, or of cloths rung out in a solution of it.

Perpetual blisters applied to the neck are found beneficial, and were formerly substituted for the spurs on the inside of the thigh.

The general remedies are the tonics relied on for the cure of nervous & spasmodic affections.

The vegetable tonics such as Bark Colombo, &c have lost much of their former reputation and are now seldom employed in the cure of these diseases. The mineral tonics have supplanted the vegetable and now secure all the confidence.



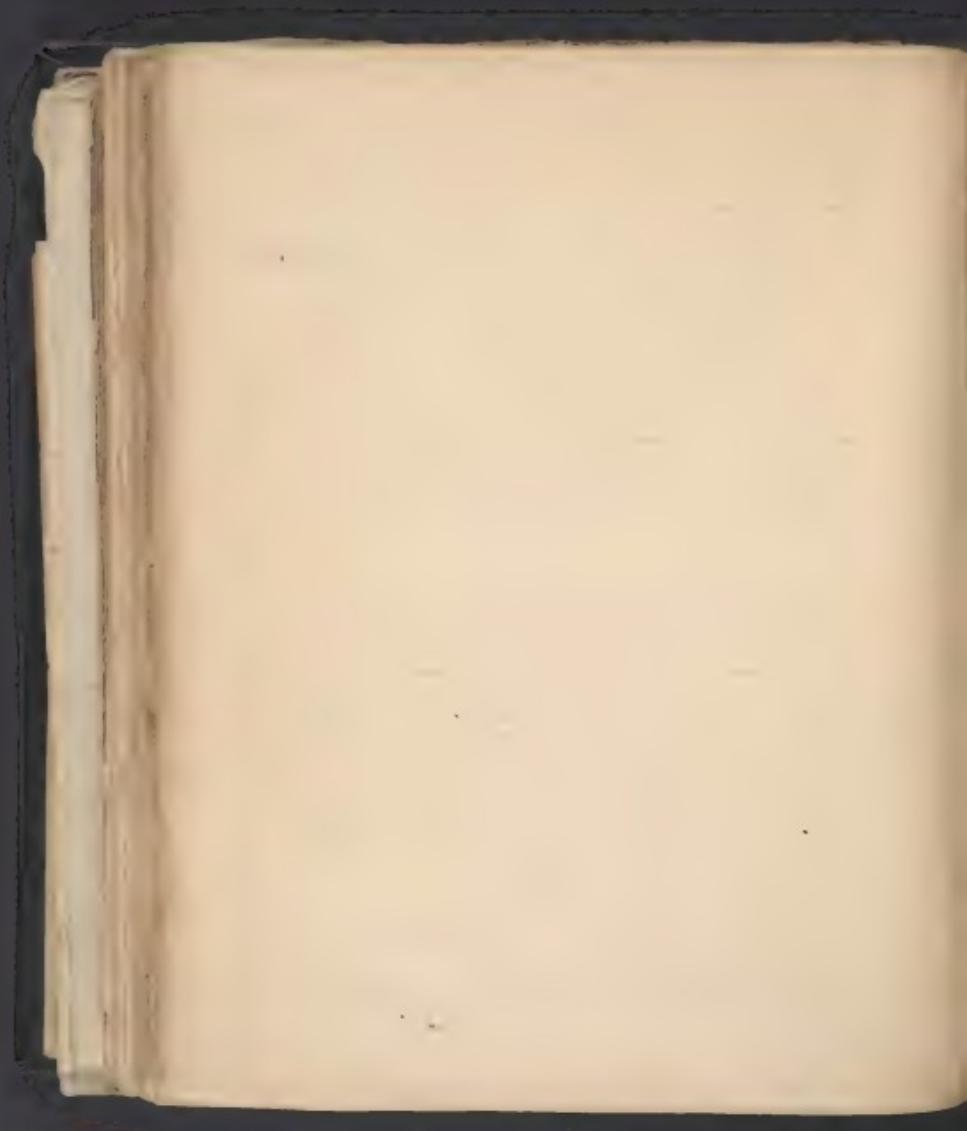
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once bestowed on the latter - The most approved  
of this class of remedies are the Sulfates of Copper &  
Tin, and Nitrate of Silver - It appears on the  
authority of Dr Rush that cures have been effected  
by the use of the Sulfate of Zinc. Dr Chapman  
says nothing of these medicines. It may be truly  
presumed, however, that they are entitled to some  
credit from their having received the sanction  
of Dr Rush.

To prevent a recurrence of the attack, all  
the exciting causes should be sedulously avoided.

The diet should be light & nutritive & small in  
quantity, though it may be frequently taken. All  
fumated liquors should be avoided, as they are  
likely to induce gastric distension which is frequently  
a concomitant of the disease.

Exercise duly regulated is very beneficial.  
It should be taken on horse-back in preference



to any other mode - Should a tendency - to which  
we recur it should be avoided by an abstemious  
diet and evacuant remedies. —

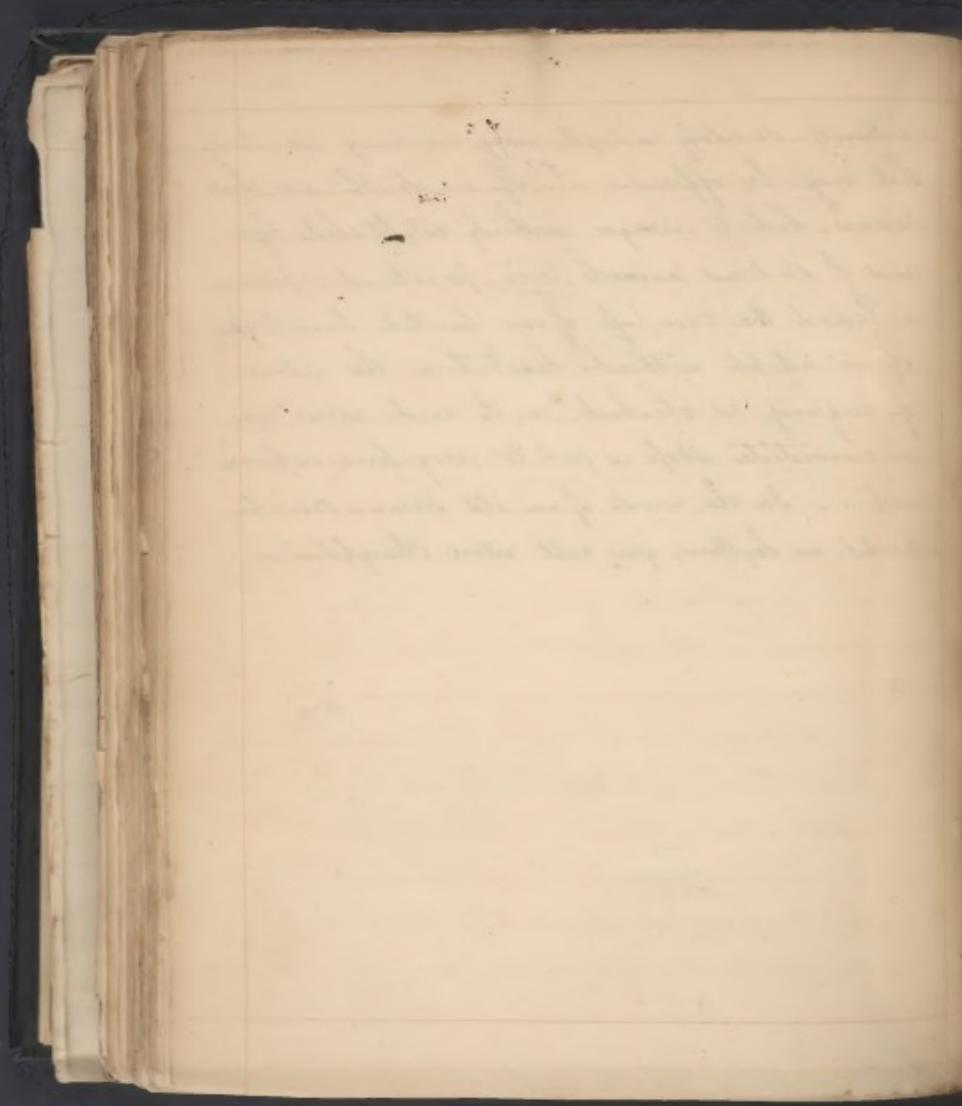
In this brief epay I have adhred scrupulously  
to my original intention & have not avareage  
any thing for which I cannot cite respectable  
authoritie. — The few comments I have made are  
simply deducible from the data by which  
I have been governed: if not I have erred, from  
a defect of judgment not with the malignant  
intention of basely perverting the opinions of  
others -

This treatise will serve at best to shew  
the difficulties & embarrassments which we encoun-  
ter in deciding on subjects which are still the  
themes of Controversy among men of science.

We are forced to doubt authority which our  
limited experience does not allow us entirely to



refute, or servilely adopt every visionary speculation  
that may be offered. - If we doubt we shall  
desire, but to assign authority established by  
years of studious research ~~and~~ practical experience  
is beyond the compass of our limited knowledge.  
If we adopt without hesitation the ardour  
of enquiry is checked "in its mid career" ~~and~~  
an immediate stop is put to progressive improve-  
ment. - In the words of an old Roman Oracle—  
"Incidit in Scyllam, qui vult vitare Charybdis." -



~~Camp~~

1809

James the Second C Hamilton

